Supplemental Independent Expenditure Report (Government Code Sections 84203.5)			Type or print in ink. Amounts may be rounded to whole dollars.	t	Report covers period					CALIFORI FORM	_	65
SEE INSTRUCTIONS ON REVERSE		NS ON REVERSE	Amendment (Explain Below)		through 3/3/2017 Date of election if applicable: (Month, Day, Year)					Page 1 of 3		3
	Amendment No 000									For Offi	cial Use C	al Use Only
		Report No			3/7/2017							
1.	Committe	ee/Filer Information	I.D. NUMBER (if recipient committe	e)	Treasurer	(If recipient o	ommittee)					
	COMMITTEE/FI	LER'S NAME		_	NAME OF TREAS	SURER						
	ENGINEERS A	AND ARCHITECTS ASSOCIATION CIVIC	BETTERMENT ASSOCIATION		WILLIAM C. V	IOLANTE						
	STREET ADDRE	ESS (NO P.O. BOX)		_	MAILING ADDRE	SS						
	CITY	STATE	ZIP CODE AREA CODE/PHONE	_	CITY			STATE	ZIP CODE	AREA	CODE/PHC	NE
	LOS ANGELE	S CA	90071		LOS ANGELES			CA	90071	21362	06920	
		//E-MAIL ADDRESS	700/1	_	OPTIONAL: FAX/		SS					
					valenti@eaaunio	n.org						
2.	Name of (Candidate or Measure Sup	ported or Opposed								CHEC	K ONE
	NAME OF CAND	DATE		C	OFFICE SOUGHT OR HE	LD AND DISTR	CT, IF APPLIC	ABLE			SUPPORT	OPPOSE
	STEVE VERES	PAUL KORETZ, MIKE FEUER, RON GAL	PERIAN, ERIC GARCETTO	S	OUGHT: CITY						X	
	NAME OF BALLO	OT MEASURE		В	BALLOT NO./LETTER	JURISDICTIO	N				SUPPORT	OPPOSE
3.	Independ	lent Expenditures Made Att	1	priately	y labeled continuation			AMC	DUNT	C/	JLATIVE TO ALENDAR \ AN.1 - DEC	YEAR .
3/2/2017 THE BAUGHMAN COMPANY SAN FRANCISCO, CA 94123		INDEPENDENT EXPENDITURES SUPPORTING / S5,835.50 S11,0 OPPOSING OTHERS 8 1/2 X 11 POSTCARD. DESIGN, COPY, STOCK PHOTOS, PRINTING, MAILSHOP & SHIPPING SHIPPING			\$11,670.99		,					
SAN FRANCISCO, CA 94123 OPP 8 1/2			PPOSIN 1/2 X 1	NDENT EXPENDITUR NG OTHERS 1 POSTCARD. DESIGN NG, MAILSHOP & SHIF	N, COPY, STO		\$1,458.88		\$7,294.38			
SAN FRANCISCO, CA 91423 OPPC 8 1/2			PPOSIN 1/2 X 1	NDENT EXPENDITUR NG OTHERS 1 POSTCARD. DESIGN NG, MAILSHOP & SHIP	N, COPY, STO		\$1,458.88		\$8,753.26			

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Ç.,	unnlemental Independent				SUPPLEMENT	AL INDEPENDENT EXF	ENDITURI	
Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE Amendment No 000		Type or print in ink. Amounts may be rounded to whole dollars.	Amounts may be rounded 3/3		Date Stamp 3/3/2017	CALIFORNIA 46		
		Amendment (Explain Belo	ow) through <u>3/3/2017</u>	,		Page <u>2</u> of	3	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of election (Month, Da	f applicable:		For Official Use		
	Report No		3/7/2017					
1.	Committee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient committee)				
	COMMITTEE/FILER'S NAME		NAME OF TREA	SURER				
	STREET ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY STATE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE		
	OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS					
 2. I	Name of Candidate or Measure Supp	ported or Opposed				СН	ECK ONE	
N	NAME OF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF API	PLICABLE		RT OPPOSE	
<u>_</u>	NAME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE	
3.	Independent Expenditures Made Atta		•		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR	
3/2/2	SAN FRANCISCO, CA 91423 OPI 8 1/		POSING OTHERS 2 X 11 POSTCARD, DESIG	NDENT EXPENDITURES SUPPORTING / \$1,458.88 \$10,212.14				
3/2/2	SAN FRANCISCO, CA 94123 OPPC 8 1/2		POSING OTHERS 2 X 11 POSTCARD. DESIC	ENDENT EXPENDITURES SUPPORTING / S1,458.88 \$10,212.14 ING OTHERS 11 POSTCARD. DESIGN, COPY, STOCK PHOTOS, ING, MAILSHOP & SHIPPING				
3/2/2	7/2017 THE BAUGHMAN COMPANY SAN FRANCISCO, CA 94123	OPF 8 1/2	DEPENDENT EXPENDITU POSING OTHERS 2 X 11 POSTCARD. DESIC NTING, MAILSHOP & SH	N, COPY, STOCK PHOT	\$1,458.88 OS,	\$11,670.99		

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent

Type or print in ink.

	SUPPLEMENTA	<u>L INDEPENDENT EXPENDITURE</u>
	Report covers period	CALIFORNIA 465
om	1/1/2017	FORM 400

•	port		to w	hole dollars.	from _	1/1/2017	FOR	FORNIA 465
EE INSTRUCTIONS ON REVER	RSE				through	3/3/2017	Page <u>3</u>	of 3
AME OF FILER					•		I.D. NUM	IBER (If recipient com.)
NGINEERS AND ARCHITEC	CTS ASSOCIATION CIVIC BETTE	RMENT ASSOC	IATION				744844	
. Summary								
Total independer	nt expenditures made of \$1	00 or more t	his period. (Part 3.)					\$13,129.90
•	•							\$0.00
2. Total independer	nt expenditures under \$100	made this p	eriod. (Not itemized.	.)				\$0.00
3. Total independer	nt expenditures made this p	period (Add L	ines 1 + 2.)				TOTAL	\$13,129.90
	<u>'</u>		,					
. Filing Officers	Enter the name and address of e	each filing office	r with whom the filer's mo	st recent campaign statem	nents (Form 4	50, 460 or 461) have beer	n filed.	
Filing Officers 1) NAME OF FILING OFFI		each filing office	r with whom the filer's mo			50, 460 or 461) have beer	n filed.	
1) NAME OF FILING OFFI	ICER		r with whom the filer's mo	est recent campaign statem 3) NAME OF FILING		50, 460 or 461) have beer	n filed.	
1) NAME OF FILING OFFI			r with whom the filer's mo			(NO. AND STREET)	n filed.	
NAME OF FILING OFFI WILLIAM C VIOLANTE	ICER E, ACTING EXECUTIVE DIRECTO		r with whom the filer's mo	3) NAME OF FILING			n filed.	
NAME OF FILING OFFI WILLIAM C VIOLANTE	ICER E, ACTING EXECUTIVE DIRECTO		r with whom the filer's mo	3) NAME OF FILING			n filed.	ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS CITY	ICER E, ACTING EXECUTIVE DIRECTO	OR STATE	ZIP CODE	3) NAME OF FILING ADDRESS				ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS	ICER E, ACTING EXECUTIVE DIRECTO (NO. AND STREET))R		3) NAME OF FILING ADDRESS	GOFFICER			ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS CITY LOS ANGELES	ICER E, ACTING EXECUTIVE DIRECTO (NO. AND STREET)	OR STATE	ZIP CODE	3) NAME OF FILING ADDRESS CITY	GOFFICER			ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS CITY LOS ANGELES	ICER E, ACTING EXECUTIVE DIRECTO (NO. AND STREET)	OR STATE	ZIP CODE	3) NAME OF FILING ADDRESS CITY	GOFFICER			ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS CITY LOS ANGELES 2) NAME OF FILING OFFI	ICER E, ACTING EXECUTIVE DIRECTO (NO. AND STREET) ICER	OR STATE	ZIP CODE	3) NAME OF FILING ADDRESS CITY 4) NAME OF FILING	GOFFICER	(NO. AND STREET)		ZIP CODE
1) NAME OF FILING OFFI WILLIAM C VIOLANTE ADDRESS CITY LOS ANGELES 2) NAME OF FILING OFFI	ICER E, ACTING EXECUTIVE DIRECTO (NO. AND STREET) ICER	OR STATE	ZIP CODE	3) NAME OF FILING ADDRESS CITY 4) NAME OF FILING	GOFFICER	(NO. AND STREET)		ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	3/3/2017	By VIOLANTE VIOLANTE VIOLANTE
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	3/3/2017	By VIOLANTE VIOLANTE VIOLANTE
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC